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American Association of Orificial Surgeons

PUBLISHED MONTHLY

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STUDY the Waste and Repair of the Sympathetic Nerve

The Importance of Reflex Irritation of the Sympathetic.

Something for Doctors and Especially Surgeons to Think About

NANETTA McCALL, Editor
25 North Dearborn St., Chicago, Illinois

The Journal of the American Association of Orificial Surgeons

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Guthrie, Oklahoma

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Vol. II APRIL, 1914 No. 1

Things are happening at a lively rate in the orificial camp nowadays. A clinic in one of the extreme northern states of the union in May; another in the South; notwithstanding the illness of the Chairman of our Lecture Bureau, requests being received every day by the Journal office for a speaker on the subject; Dr. Elizabeth Hamilton Muncie lecturing in Pennsylvania; Dr. E. H. Pratt at the annual meeting of the Illinois State Eclectic Medical Association, on the broad topic, "Orificial Surgery;" requests from leading workers of the W. C. T. U., judges of criminal courts, etc., for literature—and the Journal "Marching on." This is progression. We are not sent into the world to do anything into which we cannot put our hearts. We have certain work to do for our bread and that is to be done strenuously; other work to do for our delight and that is to be done heartily; neither is to be done by halves or shifts, but is to be done with a will, and what is not worth this effort is not to be done at all. Fortunate, indeed, when delight and necessity are combined. Fortunate, indeed, when a movement is of sufficient importance to call forth not only encouragement, but RESISTANCE.

Of late years it has become a popular custom for great daily

papers to have a department presided over by an M. D., who writes on matters pertaining to health, hygiene and sanitation, answers questions, etc., and in this way much useful knowledge is disseminated among the people. But here again is the opportunity for much error, also, to be planted in the minds of readers. We do not believe many medical men intend to deliberately deceive or falsify, and yet, while it would seem that dealing with sickness and suffering would have a tendency to induce one to charitably consider everything which might enlarge his mental vision and usefulness, it appears in many instances to have the opposite effect.

The Journal of the American Association of Orificial Surgeons has circulated largely of late in the East. A few days ago the head of the "Health Department" of one of the New York papers, replying to an inquiry, stated in substance, that orificial surgery was a "Theory put forth fifteen years ago," but did not amount to anything, etc., etc.

Now, it all depends upon what we call amounting to something. To some "Amounting to something" means accumulation of riches, to others position, to others spiritual advancement or great learning —each to his liking. With some doctors, success means acquisition of skill in performing hazardous, rare and difficult operations; to others a specializing upon some *one* form of disease and successfully coping with it; to a large number it means strict adherence to a particular line or doctrine, being carefully "regular" in all things; zealously and narrowly refusing to use the reason which God has given them, until given permission to do so by the superiors in their particular school of medicine. But to the sick, who apply to a doctor for relief success,—"Amounting to something" means the ability and the willingness to give them relief. Don't forget that.

Let us see what this "theory" put forth fifteen years ago is doing to-day. Has it ceased working? Is it in the theoretical stage? Every number of this Journal contains reports of RESULTS obtained by the use of Orificial Surgery; this issue is no exception. The surgeons reporting these cases have not been *hypnotized* into their belief in its power. Some of them have never attended the Chicago clinics. They are scattered all over the country; they belong to all schools of medicine.

They are orificial surgeons because after seeing results they have been sufficiently fair minded to INVESTIGATE. They have been sufficiently well educated to become SKILLFUL in practice to do good—more good, with it than with probably any other one meas-

ure, because according to the statement of the leaders in the move ment, every chronic case, when examined orificially presents excuse for nerve waste. Is it not fair to follow the rules of evidence which obtain in the court room and be governed in reaching a just decision, by a "preponderance of evidence and the apparent candor and credibility of witnesses" rather than by the statements of men who have never given this "theory" a trial? The medical profession is governed somewhat in the same way as the commercial world, namely by the law of Demand. The laity are demanding *results* and orificial surgery is one of the principal sources of *Supply*. Parents are realizing the value of prophylaxis and are learning that when their babies do not respond to ordinary care the wise thing to do is to seek the services of a practitioner of this "theory" which has set so many feet firmly upon the right path and saved them from the pitfalls ahead.

In one institution which we visited lately were a number of patients under treatment by an orificial surgeon—one, a young lady stenographer, perhaps twenty-six years of age, who for three years had suffered from severe spells of asthma, insomnia and nervousness, until she was almost a physical wreck; three weeks after entering the hospital she was ready to leave and is the picture of health and buoyancy. Another, a married woman, mother of several children, who for five years had suffered from epilepsy, until when she entered the hospital she was physically and mentally in such condition that she could not be left alone in her home. After six months she is able to take up her home life again, care for her household and has had no epileptic seizures for months.

Perhaps it is the many-sided effects of orificial treatment which cannot be comprehended by those who, like the blind Chinamen, can see but one side of the elephant. The effects of the work upon the morals is forcibly set forth in the article by Dr. B. E. Dawson appearing in this number, and Dr. Dawson speaks from an extended experience as an orator, a teacher and a surgeon. The closing paragraph of his article requires for its understanding no wonderful amount of learning, no great imagination but only the capacity to see TRUTH and the ability to realize the uplift in being an instrument in the work of regeneration, and the saving of not only a body but a soul.

Orificial Surgery is not offered as a "cure all;" it has no prejudice toward any other known measure; but no man worthy of the name of healer—of attempting to diagnose a single ailment, of giving a

dose of medicine, of presuming to minister to a sick mind or body, will carelessly or jealously or malevolently dismiss the measure as a "Theory" until he has studied it, applied it, SKILFULLY, followed it with judicious after-treatment and noted results. By that time he will have been transformed from a skeptical "Thomas" into a believing enthusiast.

Index for the first volume of the Journal of the American Association of Orificial Surgeons, is ready and will be furnished gratis to anyone applying for same.

Allow me to suggest that the judges of our criminal courts might kindly receive and make use of the Journal. It touches on more lines than merely the medical.

Mrs. Ada B. Fish,
W. C. T. U. Worker,
Minneapolis, Minn.

To the Editor Journal A. A. O. S.:

The enclosed clipping from one of our best papers, "The Times and Echo," may interest our good friend, Dr. Pratt.

A. Fisher, M. D., Burnley, England.

"EPOCH-MAKING SURGERY.

Intestinal Operation for Tuberculosis.

(Central News Telegram.)

The excitement created among doctors by the radium treatment of cancer will probably be overshadowed at an early date by the communication to the medical profession of an astonishing operation now being performed at Guy's Hospital, which in the near future is bound to revolutionize the whole practice of operative surgery.

The operation so far has been applied to cases of certain forms of tuberculosis, and so successful has it proved that it has now been accepted at Guy's as the correct treatment for this disease.

The principle of the treatment, we were informed by an eminent surgeon, is the removal of the cause of the disease. For long it has been recognized that the excessive multiplication of noxious bacteria in the

larger intestine, and the inability of the body to eliminate them, was the predisposing cause of many diseases. A certain school of surgery has taught for a considerable time that if the large intestine could be safely removed the result would be a tendency to healthy longevity in the individual, but they were deterred from the obvious operation by a knowledge of other functions performed by this part of the body.

The main function of the large intestine is the absorption of water, and at Guy's Hospital was conceived the idea that if a small portion of the intestine were left it could carry on all the necessary processes till the smaller intestine and the stomach were able to adapt themselves to the altered conditions.

Accordingly a child who appeared to be in the final stages of an incurable form of tubercular joint disease was operated on as a last resource of treatment. The lower intestine, with the exception of nine inches, was removed, and the portion left was joined to the smaller intestine. The result was astonishing. In a week's time the internal organs had resumed all their normal functions, and a marked improvement had taken place in the tuberculosis condition, and in a few weeks the patient was apparently in perfect health.

The operation has been reported, in all cases with similar success, and it is about to be adapted to other forms of disease known to arise from intestinal poisoning.

The discovery is regarded by those who have been privileged to investigate it as one of the most epoch-making in the annals of surgery.

Dear Doctor Fisher:

As you rightly supposed, Dr. Pratt is very deeply interested in the clipping, but we are sure he would like to whisper in the ears of these enthusiastic surgeons just a few orificial thoughts by the aid of which equally important results have been secured on this side of the water for now, lo, these many years.

Why will not these open-minded, progressive surgeons recognize the universal principles that irritation of an organ starts at its mouth? Why will they not appreciate the fact that dilating and putting in proper condition the pelvic outlets of the body immediately deepens respiration, increases the oxygen supply, flushes the entire capillary system and arouses to increased activity every organ of the body and mind. In all these bone cases, do not mistake this remark to apply to necrosis, for it will not raise the dead; but it does apply to all cases of caries. It has not been found necessary to resect a colon or do any other formidable piece of surgery; all that has been necessary to do was to liberate the terminals of the sympathetic nerve from impingement, and presto change! The repair is undertaken and carried on in every part of the body, bones and all, with a wonderful degree of rapidity and also of permanence.

Where the appeal to the lower openings of the body is not sufficient to cure the case it will probably be because there are embarrassments of sympathetic terminals in the abdomen, almost universally connected with the caecum and the appendix, the last foot of the ileum or the sigmoid flexure of the colon and sometimes the splanchnic and hepatic flexures of the colon. In one case recently encountered the impingement was caused by an uplifted omentum extending across the solar plexus, the abdominal aorta and the superior mesenteric veins, and adhered so tightly that it took considerable time to liberate the transverse colon from encroaching upon the territory reserved for the stomach.

If surgeons will once get it into their heads that the study of the waste and repair of the sympathetic nerve is the solution of most of their surgical problems, their operative procedures will be more constructive and less destructive. Don't take away the colon; cure it. In bad cases this means freeing it from all forms of irritation at both ends and sometimes between these places.

Engrave this sentiment on your soul—that unselfish love for mankind has been the inspiration of all great men.

Dr. G. H. Stagner, of Guthrie, Oklahoma, the subject of the frontispiece in this number, is a native of Illinois, received a liberal literary education, later studied law, but not being satisfied with either, turned to the study of Medicine, and was graduated from the Eclectric Medical University of Kansas City, Missouri.

Dr. Stagner has become one of the most successful surgeons of the Southwest, a thorough orificialist and a specialist in gynecology. His investigations in treatment of tuberculosis and syphilis have brought him into prominence.

Important Contributions

WASTE AND REPAIR

D. E. McCarthy, M. D., El Reno, Okla.

RHEUMATISM.

Continuing our study from a previous article, "Waste and Repair," about nervous energy going to waste at the involuntary muscles of the body, we saw how defects of the eye would cause a long train of symptoms, that would receive varied lines of treatment according to the physician who happened to get the case. Were these unfortunates born this way, or what was the cause of the defective vision?

I believe our civilization is making such demands upon our nervous energy that the eye is improperly developed, and the same holds good as to other parts of the body. Man, in his aboriginal condition, was not called upon to study objects within fourteen inches of the eye, as we do now at the age of four, five and six years; and this has proven to be the source of non-development of the eye and its long train of unpleasant symptoms. This early preparation for existence is responsible for the wasted energies that might have been stored up for better use. I further believe that civilization and the edicts of fashionable society make such demands upon our mothers that some of us are born handicapped because of nervous energy having been wasted by the mother, which nervous energy should be used by her in the development of the fetus in utero. We know that growth and development are accomplished by the circulation of blood. Orificialists have proven that nervous irritation at openings of the body where involuntary muscles are located is very productive of waste of nervous energy, and thus the blood is improperly circulated, and if the demands and edicts

of fashionable society use up the pregnant woman's nervous energy, how is she going to develop her babe properly?

Now I want to take up a case that recently came into my hands. I know of no other way to describe the effects of irritation at the mouth of an organ except to tell you of this one, my first experience with "Rheumatism and Orificial Surgery."

Mrs. W.—— came to me, brought by a friend who had been cured by osteopathic means and who thought Mrs. W.—— could be cured the same way. Mrs. W.—— was fifty-nine years old, in apparently good health, had passed the menopause rather late, ten years ago, at the age of forty-nine. Her previous history was negative as was that of her ancestors. About eighteen months ago she began to complain of pain in and along the course of the left sciatic nerve. She consulted a physician who pronounced the case one of rheumatism and proceeded to treat it accordingly, with the usual result, a disordered digestive tract and no relief whatever from pain. This woman had received treatment from several different doctors, and had never had an examination of the sexual system or rectum. So many doctors forget that a woman past the menopause is a woman for all that, and liable to almost all the ills that she was in her younger days. And some doctors go so far as to say that once the menopause is passed the woman is safe from what is known as female trouble. Orificialists KNOW better.

Examination of this woman revealed a growth hanging by a pedicle from the cervix, and one from the rectum. The rectum was very irritable, the internal sphincter very tight. We told this woman that we would undertake the case if she would submit to an operation, to which she agreed after some deliberation. The operation was done the next week, on November 4, 1913, and in curetting the uterus, another growth as large as a man's thumb was curetted out. The uterus was packed with gauze and left for three days. In two weeks this woman's "Rheumatism" was gone; but the uterine condition is still demanding attention. Its depth is only two inches. The patient is feeling better than she has for five years. I predict a complete recovery.

You will note that the sub-head of this article is "Rheumatism." This was not a case of rheumatism in the true sense of the word, as undoubtedly this pain was of reflex origin. The marked relief from the operative procedure proves this to my

mind and the patient is very well pleased. What more could be done?

On the first of April I made an examination of this case and found the uterus normal in size and position and the patient free from all symptoms of disease.

The orificial philosophy is so general in its applicability that EVERY case coming to me from other hands is given a thorough examination, and in this way am meeting with results not hitherto possible. Orificial Surgery and its principles will do the same for you, Doctor! Wake up, take hold of it, commence to study it and soon you will see things that you never saw before and you will not only be a better doctor but you will be a better man.

The case above recorded proves something. The source of apparent irritation being removed and the consequent relief from pain, the change in the size of the uterus toward the normal PROVES that the "Rheumatic" pain was reflex in character, and in source. And this case also proves something else, namely, that reflex irritation can cause a pathological change in tissue, in other words induce metastasis.

We sometimes find an enlarged prostate gland as the result of irritation in the rectum. This case also teaches us one other important lesson, and that is, that with all the known methods of diagnosis both as to the name of the disease as well as the cause of it, we are none too good as physicians. Let me put it in another light: the best is none too good for those who employ us and trust us with their health and happiness.

Common souls pay with what they do; great souls with what they are.

Being serious is a trade, but taking one's self too seriously is a profession, and most of us are expert in both lines.

Here's to the Saving Sense of Humor then, that forbids its possessor working at the Trade or practicing the Profession—the Saving Sense of Humor, the Scarcest Thing in the World—that jogs its lucky owner every morning and sends him along without sham, hypocrisy or pretense, so that each day he is what he is.

SOMETHING FOR DOCTORS AND ESPECIALLY FOR SURGEONS TO THINK ABOUT

E. H. Pratt, M. D.,
Chicago, Ill.

(Continued from March number).

Another case is quite similar in some respects to the one just described except that the patient is only twenty-five years of age and he has hemiplegia. His features on the left side of his face drop to a considerable degree, his eye remaining too wide open. The left forearm and the muscles of the anterior tibio-fibular of the left side are also paralyzed. There is wrist drop and an under-developed left hand.

This case is also afflicted with frequent epileptic seizures. When he came for treatment, he presented a blood clot beneath the conjunctiva of either eye which was the result of a convulsion on the day previous.

While from previous experience, an abdominal section was perfectly justifiable and seemingly imperative, it was deemed too severe a measure to employ until the lower orificial work had been attended to and by this being followed by proper after treatment, until the various organs and tissues of his body were fairly well cleaned of their debris. The whites of his eyes were of a yellowish tinge. His face was abundantly sprinkled with acne pimples, his tongue was much hypertrophied and heavily coated, and he was altogether in an extremely dilapidated condition. His funeral trains had more work on their hands than they could well manage. He sustained a convulsion while he was under the anaesthetic and before the orificial work was completed. Realizing that the orificial work deepened his respiration and increased the oxygen supply, the appearance of the convulsion was not considered of great importance. Thé orificial work consisted of circumcision, replacing the mucous membrane beneath the meatus urinarius with a wedge shaped

piece of the integument, enlarging the meatus which was too narrow, the passing of steel sounds up to an 18-inch English scale and removing by the slit method, half a dozen pockets, two or three papillae and a number of hemorrhoids of the middle variety, following this, of course, with dilation and proper attention to the sigmoid.

His recovery from this surface work was prompt and the results of the work upon his bodily nutrition were equally satisfactory.

At the end of a couple of weeks, however, because of the appearance of another convulsion, and the fact that his tongue still remained considerably coated, and his bowels and bladder too inactive, he was anaesthetized and given an abdominal exploration. The details of the abdominal conditions are not sufficiently different from those already related to be specially described. Suffice it to say that the condition revealed was such that the recovery from his epilepsy, from his paralysis and from the sluggishness of his funeral trains would scarcely have been possible without making the abdominal repairs which the exploratory incision demonstrated to be his great need. Neither the shoulder nor the arm in this case was paralyzed; the trouble was below the elbow. The extensor muscles were completely paralyzed, the flexors were abnormally contracted so that neither the wrist nor the fingers could be straightened even by the employment of extreme force. The little finger and the thumb upon extreme flexion presented a dislocation of the joints connecting them with the carpal bones. The hand was small and folded together on its palmar surface, the whole condition being quite similar to the case just described, only not so extreme.

His recovery from the celiotomy was readily accomplished without complication and to the gratification of himself and the surgeon there was secured in his case as in the previous one, a letting up of the abnormal contraction of the flexor muscles of the forearm. The fingers and wrist can now be straightened out without severe effort and although they revert to a contracted state, they retain their improved condition of relaxation. The general health of the patient has been greatly improved.

In two of these cases there is a remarkable mental and emotional history which has not been mentioned because it seems irrelevant to the point under consideration, namely that the abnormal contractions of various voluntary muscles have in these

cases been overcome by liberating the sympathetic nerve from impingement of its terminals encountered in abdominal section in the region of the appendix, sigmoid or some other part of the large intestine.

ARTHRITIS DEFORMANS.

There is a case still more recent that it would be too bad to omit from the present article, because it belongs most emphatically to the class of cases under consideration. This one is a little different. However, to a marked degree it presents an abnormal contraction in a large number of voluntary muscles. This does not result from paralysis of any kind, but is simply an aggravated case of arthritis deformåns. Her knee muscles are drawn up to nearly right angles and can be spread apart only a few inches owing to extreme tension of the adductor muscles. The legs cannot be straightened because of contracted ham strings; the hands are nearly helpless from their stiffness. The neck and shoulders enjoy but slight motion and altogether the general condition is of that incurable type that no one but an orificialist would ever care to take in charge.

She was very anemic and always in great pain. Two years ago, owing to adherence of the walls of the vault of the vagina to the cervix and the presence of cervical laceration, and being a woman of sixty-seven years of age, she was given a vaginal hysterectomy. The hood of the clitoris was loosened, the last inch of the rectum carefully smoothed and dilated. Her relief from this work was well pronounced and considerable. Her pain was materially lessened, the mobility of her joints increased and her color and general nutrition improved. In the subsequent two years she gained fifteen pounds in weight. The fact, however, of the continued contraction of many of her voluntary muscles seemed to invite an abdominal exploration as her abdomen was contracted and the peristaltic action of the colon extremely sluggish. Her consent to a celiotomy was readily obtained, as she was still hoping for at least a partial restoration of health.

Upon completing the incision in the linea alba, the tension of the abdominal muscles was such that they immediately began to squeeze the abdominal organs out through the opening. The first organ to present itself was the large intestine. This was soon found wandering over from the right side and brought

with it an appendix which was doing all the mischief it could by dislocating the caecum and making it present for its lower end a very distended side instead of the proper extremity to which the appendix is attached. In the small intestine as everybody knows, the longitudinal fibres of the bowels are evenly distributed, but in the large intestines these longitudinal fibres instead of being spread out over the entire circumference of the bowel are arranged in three separate bands that extend the entire length of the large intestine from the caecum to the sigmoid at its junction with the rectum. These bands of longitudinal fibres being much shorter than the rest of the intestine, throw it into a series of folds so characteristic of the large intestine. Now, in the proper condition of the caecum these three separate bands of longitudinal fibres meet at its apex or lower end and to this apex or lower end is attached the appendix. Now, in the normal condition of the appendix and its mesentery, the caecum remains in its proper position and when it is filled with fecal matter it can readily empty itself by the symmetrical contraction, first, of the circular fibers which narrow its caliber, and then of the longitudinal fibers which shorten its length. But when the appendix for some reason as yet perhaps not explained, instead of dangling loosely from the end of the caecum, becomes lodged upwards and backwards, it drags the end of the caecum out of its proper position so that its extremity is no longer marked by the convergence of its three bands of longitudinal fibers, but by a very distended protrusion of one of its lateral walls. This seriously handicaps colonic peristalsis and invites all the troubles that can be inaugurated from a too long retention of fecal matter.

Such was the condition of the patient in question. Quite similar, only with some slight variations, to the conditions in the cases above described. Aside from a Lane's kink, however, just below the hepatic colonic flexure, this case presented an extreme angulation of the ascending colon fully four inches in length. So marked was this condition that the sides of the colon were glued tightly together, the fecal matter being compelled to work its way around the sharp angle of the colon before it could pass on into the transverse portion of the bowel. The point of angulation was firmly fixed and was only loosened from its mooring by extensive dissection. Of course, the adhesion between the walls of the colon was broken up and the

bowel finally straightened and put in a normal state. The pericolic membrane was in evidence in this case, almost along the entire colon, but as it was producing no condition of stricture, was permitted to remain unmolested. In this case there was another very unusual condition. Beginning at the lower part of the ileum, about four or five inches from the ileo-caecal valve, the folds of the small intestine were so closely glued together for fully ten feet of its length that there was not a single inch in this locality where the small intestine was free from adhesions. As the adhesions were not very firm but much like a cobweb in structure, they were readily broken up and the small intestine straightened out. This corner of the abdomen in the region of the caecum and appendix seemed to be entirely devoid of serum and there was no part of the intestine that presented the smooth and shining appearance of a normal bowel. There had certainly been a drought in this region for some cause and delicate cobweb-like adhesions between the intestines themselves and between the intestine and the parietes were present. In other parts of the abdominal cavity, however, the intestine was free and moistened and smooth and shining as it should always be.

A careful examination of the pelvic floor disclosed that no adhesions had taken place between the intestines and the closed wound resulting from the vaginal hysterectomy of two years previous. After the removal of the appendix and the loosening of the caecum and the breaking up of the angulation and the loosening of all the adhesions had been accomplished, the abdominal wound was closed. Then upon examination of the pelvic outlet, the hood of the clitoris was found to be slightly adhered; it was loosened. The meatus urinarius presented an irritable appearance. It was treated by laying open what enlarged glands appeared upon its surface. In the vault of the vagina, there was a short band of adhesion. This was broken up. A slight rectocele presented itself, but was permitted to remain unmolested as it was of no immediate importance. The last inch of the rectum, however, surely did need attention and presented several well pronounced rectal pockets, three or four white-tipped and irritable papillae and several small hemorrhoids. Indeed the whole anal inch was irritable and sadly in need of repair. After the smoothing process was com-

pleted, the rectum was dilated and the patient retired to her room in good condition.

SUMMARY.

In none of the cases here related had there been any abdominal history or symptoms suggesting the necessity of an abdominal exploration. In some of the cases, particularly the first and the fourth, there was a tendency to abnormal contraction of the rectus abdominis muscles. This was not so well marked in the second and third cases. In the first and third cases, the earlier rectal work was not properly responded to in the way of prompt healing and convalescence from irritation and soreness, which, of course, suggested some form of irritation at the other end of the colon, but altogether the basic excuse for abdominal exploration in all these cases, lay in the slow improvement resulting from the orificial work and the logical conclusion that only an embarrassment of the sympathetic nerve terminals somewhere along their line of distribution in the abdoman could account for the incompleteness of their recovery. Of course with the knowledge that abdominal exploration was a more or less effective means of awakening into activity the latent energies of the physical organism there was no hesitancy in requesting an abdominal exploration.

The outcome of the rheumatic case is yet to record, except that now four days after the operation her pulse has been absolutely normal since the operation and she was so immediately relieved from the soreness in her various joints, that her general condition and suffering was from the start greatly diminished. The effect on the contraction of the voluntary muscles in each case will be reported later.

In cases one, two and three, the relaxation, in less than a week, of voluntary muscles that had been obstinately and continuously contracted night and day through a series of years is the great point to which the attention of the surgeons of the country is most respectfully invited.

The results of the work as described are facts. The explanation offered may be deemed of very little consequence. Will some one then please offer a better one? The fact, however, of curing talipes equinus of many years' standing in less than a week's time after paying no attention whatever to the legs or feet or even the conscious nervous system and its area of distribution except by way of the sympathetic domain, deserves

fair and impartial explanation of some kind. Future cases may not be so satisfactory but then they may. Time will surely tell and in the meantime it would be but an act of justice and courtesy for surgeons in general to tip their hats and make just a slight bow anyhow to the influence of the sympathetic nerve upon the conscious domain including bones, muscles and all tissues directly related to consciousness and its various functions. The study of the waste and repair of the sympathetic nerve is surely a matter of increasing importance in the practice of surgery as well as medicine.

As promised, we are pleased to be able to present herewith, illustrations of the cases described by Dr. Pratt in the March issue.—Ed.

Figure 1.

This illustrates one of the feet in the case of double talipes equinus, described on pages 18-20, March number of the Journal. The other foot was equally deformed.

Note the contracted condition of the tendo-Achilles, the enlargement of the ball of the big toe, the erect position of the big toe, which is due to the fact that flexion of the ankle on the

inner side of the foot was accomplished by the extensor proprius hallucis instead of by the tibialis anticus, the latter being paralyzed.

The other foot was in precisely the same condition, constituting a typical case of double talipes equinus. In an erect position, the patient could barely touch the floor with his heels, and his walking was constantly done upon his toes. In spite of all efforts to overcome the contraction of the calf muscles, and lower the heels to their normal position, no improvement whatever in this respect was secured.

The patient had the benefit of the orificial work as applied to the outlets of the body, followed through a succession of weeks by the therapeutic light, massage, slow sinusoidal current, etc., etc., but all without success. Being twenty-five years of age it was feared that the severing of the tendo-Achilles, which is perhaps, the only real cure known for such conditions, would be followed by partial or complete non-union of the severed ends. It was, therefore, to be left as a last resort. For other

Figure 2.

reasons, the laparotomy was performed (as described, pages 18 and 19, March issue) and the improvement there described seems to be permanently established. It is quite fair to regard the case as a cure of double talipes equinus as a result of correcting embarrassments of the sympathetic terminals in connection with the appendix and large intestine.

Cut No. 2 illustrates the same foot three months later, showing complete restoration of the heel to its normal position. The patient no longer walks on his toes and the swaggering gait is entirely relieved. But this is not all—the tension of the cerebro-spinal nervous system has been so greatly relieved also that an increased freedom of mind has been secured as well as improvement in physical health.

Figure 3.

Number 3 illustrates the condition of wrist drop in a case of hemiplegia. The face on this side is partially paralyzed as are also the muscles in the anterior tibio-fibular region. The trapezius and pectoral major and minor muscles have very little action and all the muscles of the arm and forearm are much involved. There is complete paralysis of the extensor muscles of the fingers and wrist.

On the other hand, the flexors of the fingers and wrist were so contracted that it was impossible to force them to a completely straightened position. (This cut illustrates the case described on pages 20-24, March number).

Having worked on a similar case more or less persistently for ten years and being wholly unable to overcome the contraction of the flexors of the fingers and secure a relaxation of these same muscles to a satisfactory degree, it seems remarkable that this could be done in six days' time as a result of an abdominal section (described on pages 18-20 of the March Journal.) But such was the fact.

Great interest has been manifested in this case to note whether history would repeat itself and the abdominal section could be relied upon to influence the tension of the flexor muscles in this case also. The patient is a plethoric young man, twenty years of age, troubled also with epileptic seizures.

The lower orificial work was employed to clean his system of the tissue debris with which he was badly loaded. This was preparatory for the more radical measure of liberating sympathetic terminals from impingement wherever they should be found among the abdominal organs. They were found, all right, as described in the article.

Release from the undue contraction of the flexor muscles of the fingers and wrist was accomplished in this case in six or seven days' time without any attention whatever being paid to the parts affected, and the improvement still remains and promises to be a cure equally as satisfactory as the other cases mentioned.

Figure 4.

Figure 4 illustrates the same hand held in extension, without force, two months after the operation. This accomplishment was practically impossible previous to the celiotomy.

TREATMENT OF SPLANCHNIC NEURASTHEIA

J. C. Ash, M. D.,

La Harpe, Ill.

Patient, female. Age 32; weight, ninety-five pounds; light complexion; married, mother of two children. Parents, brothers and sisters living.

Patient had suffered seven years with periodical attacks of severe headaches, nervous prostration, and various vague pains in different parts of the body at which times she would have spells of crying, imagining she was going to die. Heart action at such times

rapid and weak. There was loss of appetite, and constipation with accumulation of gas in the stomach and bowels.

Physical examination revealed the orifices of the body normal with the exception of a slight tightening of the rectal sphincter muscle; prolapsis of the stomach and transverse colon; retro-prolapsed uterus, heart normal in size and free from lesions. Diagnosis: Splanchnic neurasthenia.

Treatment consisted first of a thorough cleansing of the bowels with mild chloride, followed by Mag. Sul., after which the rectum was dilated. The rapid sine current was applied to the seventh and eighth dorsal vertebrae, followed by the slow sine current; then the rapid sine to the fourth lumbar vertebra. Treatments were given three times a week, and improvement began almost immediately, patient taking a more cheerful view of life. Since the first few weeks of treatment she has had only four slight attacks of her former trouble, has gained ten pounds in weight and is now attending to her household duties in comfort.

The country is filled with such cases which in my experience were not benefited by old methods of treatment.

Self praise and vain glory are the grime on the glass which must be removed for good work to be done—for the light to pass through.

ISOTONIC SEA-WATER

Dr. J. Burnie Griffin,

St. Augustine, Fla.

This preparation has now been in clinical use for over seven years, having first been used in dispensaries in Paris by Dr. Arnulphy after much experimental and laboratory work had been performed by Prof. Rene Quinton and Dr. Arnulphy. I beg to refer readers of this article for further detailed history, observations, and early work to an article of mine in the November Clinique; also to an article in Treat's International Annual for 1910.

The Sea-water is administered by hypodermic, into the tis-

sues just beneath the skin and preferably into an area just below the lower angle of the scapula, or into the abdominal tissues near the spinous process of the hip-bones. We are using ground glass hypodermics of 10 and 20 c. c. calibre, platinum-iridium needles about gauge 20. No local anaesthetic is necessary. After the injection, massage over the seat of injection will assist the rather rapid absorption of the fluid. The use of alcohol as a cleansing agent before needle is inserted is all that is necessary, and some collodion may be used over puncture wound if a large sized needle has been used. Where I am giving from 50 c. c. or more at one treatment, I use a "606" thumb needle and leave it *in situ* only removing the glass barrel for refilling, rather than using the old gravitation method with large amounts of the fluid. The hypodermic method allows you to finish your treatment in a few minutes, to the great advantage of the patient. No harmful results have ever been found, except in one case, one of Albuminuria where the treatment was suddenly stopped after having been used for two weeks and there was at that time a decided improvement in every way, but within twenty-four hours the conditions were all worse, and in another ten hours the case was no more. In the clinical reports of Quinton he states that a cessation of the use of the Sea-water before a permanent cure, has in many cases resulted in an acute aggravation, lasting until the treatment was recontinued.

In all heart conditions the Sea-water must be used with care and commencing with small doses, 5 c. c. is enough at first; because in doses of 20 c. c. there is an increased blood pressure. Too rapid and too large dosage will always result in very unpleasant increased blood-pressure symptoms, migraine, vertigo, nausea, pruritis.

I have used the prepared Sea-water for nearly two years in the following conditions and always with most satisfactory and, in some cases, almost marvelous results: nephritis, acute and chronic, and of different varieties; eczema, psoriasis, septicaemia, marasmus (and here was where we had most brilliant results), acute infantile gastro-enteritis, anal fissure (a case which had never succumbed to any other mode of treatment and where there was a bad secondary anaemia), septic wound of the arm complicated with erysipelas, and in a number of anaemic conditions, in all of which we have had an increase in blood cells, increased weight, appetite, physical well-being and sleep.

The following are two cases of some interest which I have written of in detail.

Case 1.—Ulcer of upper lip, of two and a half years duration, affecting the granular and mucous layers of the epidermis and into the papillae of the corium. It started as a papule, developed into pustule and gradually degenerated into an ulcer; very dark gray in color, size of a quarter, with an inflammatory areola and an indurated base. Grayish brown thin crusts form, drop off and form again; very slight tenderness.

No predisposing influences found; but such exciting factors as grease paints, spirit gum powder and consequent frequent cleansing because of the work as an actor, while doing his "make-up."

Blood count showed red cells about 1,500,000 below normal, while urinalysis gave trace of albumen and total solids somewhat high. No specific history or findings. Other general conditions fair, although appetite rather poor.

Many forms of treatment had been used without beneficial results of any permanency. K. I., X-ray, Violet Ray, local treatments of tar, silver nitrate, and guaiacol had all been tried. Homeopathic and Allopathic internal measures, also, had been used. At first I used the autogenous vaccine, with some slight result, but it soon faded away as far as usefulness was concerned. After a month's use of the vaccine, I used Isotonic Sea-water. We used 20 c. c. every other day for ten treatments. The condition began to clear up immediately. After the sixth dose, healing was practically complete, and only a slight induration. Five months have passed and the lip shows only a slight indentation at the site of the old sore. One week after the last injection, the blood count showed a red cell count slightly above average normal; the urinalysis showed no albumen, and the solids normal. The appetite had increased and has remained so; the patient is more energetic and sleeps better than in years. There was a gain of four pounds the second week after the last treatment.

Case 2.—Incipient Pulmonary Tuberculosis. Lesion small and in upper right lobe. Youth of 22 years; good habits. History of Pulmonary Tuberculosis in family. No tobacco or liquors for nearly eleven months. Secondary anaemia.

Blood count showed red cells 3,840,000; white cells 7,500.

Urinalysis showed specific gravity 1027. Albumin, also indican present. Total solids per litre 62.91.

He had been under my care for eleven months, living an outdoor life and sleeping out of doors. Tonics and Bacillium were used. Some improvement, but anaemia still present, and a gradual slight loss in weight and well feeling.

Isotonic Sea-water was started last December, 10 c. c. every other day for a week, then 20 c. c. every third day for a month; since then 25 c. c. every fifth day. Has had none for two weeks.

Improvement noticeable from the first week. There has been a gain of twelve pounds; appetite splendid, physical endurance increased, and the urinalysis now shows normal conditions. The red blood count a week ago was 6,460,000. We will again give him treatments in about two weeks, lasting for approximately two months, by which time he will be better than he has ever been. The lesion in the lung has long ago defied us to find it.

Sometimes

F times are hard, and you feel "blue"
Think of the others, worrying, too;
Just because your trials are many,
Don't think the rest of us haven't any.
Life is made up of smiles and tears,
Joys and sorrows, mixed with fears;
And though to us it seems one-sided,
Trouble is pretty well divided.
If we could look in every heart,
We'd find that each one has its part,
And those who travel fortune's road,
Sometimes carry the biggest load. —J. C. B.

THE IMPORTANCE OF REFLEX IRRITATION OF THE SYMPATHETIC

I. Willis Ballard, M. D.,

Opelika, Ala.

Case I. Miss V. B. Age 21, a tall delicate girl; since early childhood a sufferer from periodic attacks of bronchial asthma. Menstruation established at the age of 17, since which time attacks of asthma have been coming on more frequently—once a week, three times in two weeks, and instead of lasting only a few hours at night, as formerly, they now extend throughout the following day and frequently into the second night.

To relieve her required a hypodermic of ½ grain of morphine and 1/100 grain of atropine. In some attacks this was repeated.

She had been treated since early childhood. The past three years before I saw her she and her parents had become discouraged and had done nothing but send for a physician to give her morphine after she had become worn out from several hours of an attack.

I saw her repeatedly before she would consent to an examination. Beyond the fact of being a poorly developed girl and a moderate degree of secondary anemia, there were between the attacks no external indications of ill health. It was necessary to draw on the imagination to make out any prolongation of the expiratory murmur. The heart in size, sounds and rate was normal. The abdomen was retracted, but no pathologic findings, her menstruation was regular but very painful, lasting three or four days with moderate flow. Bowels regular, appetite good, no loss of weight. No subjective symptoms whatever between the attacks of asthma.

The ordinary examination in the case of a virgin ceases at this point. The most important organs which should be the object of examination are entirely overlooked, namely, the pelvic organs. There are no symptoms pointing to the pelvic organs, yet in every case of bronchial asthma in which I have made an examination of these organs since my attention was drawn to their importance, I have found pathology.

This girl showed first an anal sphincter so tightly contracted that

she would not permit the introduction of the gloved finger until after the injection of a solution of novocaine. Rectal examination of the pelvic organs showed the uterus anteflexed, the ovarian regions on either side acutely sensitive, the cervix elongated to double its usual length. The bivalve rectal speculum showed in the anal canal three crypts into which a bent probe could be introduced for nearly an inch. At the base of each was a teat-like projection, conical in shape, about a quarter of an inch in length and standing out prominently. There were no hemorrhoids.

On the third day following, the patient was operated upon, the work consisting of amputation of the cervix, dilatation of the internal os, dilatation of the sphincter ani, removal of the rectal crypts and papillae, laparotomy and removal of the appendix. The appendix was four inches in length, the size of a slate pencil. It showed no gross pathology.

A few days after the operation, the patient began the use of Liquid Blaud. During the first week after the operation she had an attack of asthma lasting from midnight until early morning. About a year after the operation she had a severe attack of asthma lasting through the second night and requiring two hypodermics of morphine. A few days afterwards she came to the office and twice a week for three weeks I introduced a series of three cold sterile sounds into the uterus. For the past two years this patient has not had an attack of asthma.

Case II. Mrs. A. S. Age 24, married two years. One year ago baby born, which lived only a few hours. During her puerperium she grieved continually. She began suffering with severe headaches, periodic in character and affecting particularly the top of the head and back of the neck. She became nervous and very despondent; appetite poor and eating caused after an hour or two the development of a sour stomach with nausea and regurgitation. Her bowels were obstinately constipated, she lost weight, became weak and finally spent the greater part of the day in bed. She had profuse leucorrhea following her confinement. At the sixth month post-partum the menses returned and each month were preceded by a day and night of severe pain. At the time of her menses she gave up entirely and went to bed for two to three days, most of which time was spent in crying.

I saw her after this condition had been present for about one year. Her physicians had diagnosed neurasthenia, hysteria and melancholia. Examination showed nothing abnormal in the chest.

Her abdomen was dull over the region of the colon, and moderately tender. The perineum was lacerated, the cervix large and congested, the internal mucosa thick and bled readily, and a rough scar filled in a previous cervical laceration. The uterus was tender and there was a free yellow discharge. The rectum showed two moderate sized hemorrhoids.

Operation consisted of dilatation and curettage, amputation of the cervix, repair of the lacerated perineum and removal of the hemorrhoids.

She was kept in bed for four weeks in a large sunny room with all the company I could get to go and see her. She was put on iron tonics. Now, five months after, her health is excellent.

Case III. Mrs. G. Mc. Age 23. As a girl she was considered "queer." A nervous, high strung individual, married at the age of 17 against her parents' wishes. Baby born one year later. Since the birth of the baby has gradually developed paranoic symptoms until now, four years later, she shows a well developed paranoia, mild in type.

In addition to the mental symptoms, patient complains of continuous pain and soreness low down in the right side, greatly exaggerated at her menstrual periods. Appetite poor, attacks of suffocation after eating, bowels constipated, loss of weight from one hundred thirty to ninety pounds in four years. Skin sallow, hands cold and perspiration gathers in drops in palms of hands.

Examination showed chest normal, abdomen retracted and generally tender particularly over the right side. Perineum lacerated, cervix lacerated, uterus retroflexed, and a profuse yellow creamy leucorrhea present. Anal sphincter tightly contracted and half dozen internal hemorrhoids present——small, red and irritable.

Operation was dilatation and curettage, amputation of the cervix, repair of lacerated perineum, dilatation of anal sphincter and removal of hemorrhoids; laparotomy with removal of right tube which was bound down by adhesions; removal of appendix.

For the first two weeks after operation the patient seemed to grow more depressed and would lie for hours without speaking to any one, then suddenly she would flare up with an outburst of temper that was a marvel in its vindictiveness. In her use of oaths and epithets she would put any sailor to shame, and with modesty or feminine delicacy she became apparently entirely unacquainted. This mental condition continued to grow more pronounced for the first five weeks after operation. Then in one night she changed

entirely and from a woman apparently morally depraved, she developed into a modest and refined individual, her modesty in fact carried to an extreme. Within the next few weeks she developed hallucinations of grandeur and riches, and was committed to the state hospital three months later.

The change in her physical condition after operation was remarkable. Her appetite and digestion became excellent, she gained twenty-two pounds in weight in four months' time; she complained of no pain, and her cold, sweating hands became naturally warm and moist. I considered the physical results of operation excellent.

At the present time, twelve weeks later, physicians at the state hospital state that this patient is improving mentally and that her physical condition is excellent. Will such surgery cure paranoia?

Case IV. Mrs. J. C. Age 32. This patient complained only of backache and nervousness. Backache had been present since shortly after the delivery by forceps of her first baby, five years before. The area of pain was in one spot not larger than a silver dollar and just at the base of the sacrum. For its relief she had on two occasions undergone dilatation and curettage with temporary relief in both instances. She had also had an operation in Baltimore which I judge was an effort to cause a bony ankylosis between the sacrum and ilium on the right side under a diagnosis of sacro-iliac disease.

Examination showed apparently an entirely normal woman from the standpoint of inspection. Chest and abdomen were negative. There was no tenderness over the aching region of the back. Uterus in normal position; perineum had been successfully repaired, the cervix showed no evidence of laceration, there was no leucorrhea. I was unable to explain the backache until I introduced a blunt pointed probe into the cervical canal and she said, "There, that is the pain I have in my back." More careful examination showed a linear scar extending practically the entire length of the cervix and pressure upon this scar caused the pain in the back of which she complained. Moreover removal of this scar tissue relieved the backache. This was four years ago.

Without doubt the importance of reflex irritation as the etiologic factor in many cases of ill-health is not sufficiently appreciated. We are all familiar with instances of reflex phenomena originating in the pelvis. The most common perhaps is the nausea and vomiting of early pregnancy; another is the headache of uterine origin; yet others are the numerous reflex disturbances accompanying so sim-

ple a condition as anal fissure. That these are reflex disturbances seems to be generally admitted, but apparently the fact that there can be other reflex disturbances is not admitted, particularly if the relationship between the seat of irritation and the seat of its reflex manifestation has not received the sanction of long usage and is not as clear as is the pain associated with a fractured bone.

It is a known fact that irritation of a spinal nerve in its course will be manifested by nervous phenomena having to do with the terminal distribution of the nerve, and this frequently without any symptoms whatever pointing directly to the seat of the lesion, as witness the pain in the knee in hip joint disease and the pain of herpes zoster.

The sympathetic nerves all receive branches from the spinal nerves, and be these branches sensory or motor, they accompany the sympathetic throughout the formation of the great sympathetic plexuses and its final visceral distribution. In several instances it has been clearly shown that certain abdominal symptoms are the result of sympathetic irritation, as for example the gastric symptoms of gall tract and appendix irritation. This fact has long been recognized, yet in the diagnosis of gastric conditions it is not considered to the extent that it merits.

The sympathetic nervous distribution to the pelvic organs is a most profuse one and through the phenomena of reflex irritation from these organs are to be sought the etiologic factor in many cases of ill health.

A tightly contracted anal sphincter, particularly in the presence of hemorrhoids and cryptitis, is the source of much sympathetic irritation shown oftentimes by reflex functional disturbances in organs far removed. I am convinced from observation of a large number of cases, that hyperchlorhydria is frequently the result of sympathetic irritation from the rectum and colon and I am prone to differ with those who consider the constant presence of constipation as being secondary to the hyperchlorhydria and say rather that constipation is an etiologic factor in the development of certain cases of hyperchlorhydria. At any rate I have observed that the cure of hyperchlorhydria goes hand in hand with the cure of the constipation.

During the past five years during which time my attention has been drawn to the importance of ascertaining the condition of the pelvic organs in all patients presenting themselves with an obscure or indefinite symptom complex, I have not in a single instance, in

which constipation was present as a chronic condition, failed to find more or less gross pathology of the rectum or sigmoid.

The effect of a hooded, irritated clitoris and of a cervix lacerated and infected or of more importance, lacerated and the seat of scar tissue formation with contraction and the inclusion of terminal nerve filaments is of such importance that it should not be overlooked.

In the male, a long and always tight foreskin with decomposing smegma and urine is the cause of many obscure irritative phenomena and certainly in the deep urethra, prostate and seminal vesicles are to be found the etiology of the vast majority of sexual disorders including sexual neurasthenia.

These conditions are all reflex nervous phenomena, the importance of which are only just beginning to be appreciated and the study of which will well repay one.

Intuition is that quality by which a woman understands her hubby's explanation of why "lodge" held so late.—Dr. Sam Bucus.

What is suggestion? Any message from the outside to the ego by whatever route it travels.—E. H. Pratt.

Client—"My uncle left all his money to the deserving poor! What would you advise me to do?"

Lawyer—"Turn over a new leaf and be one of them!"

A FEW RESULTS

John Meriweather, M. D.,

Richmond, Va.

First, on a case of Chorea: January 21, 1914, operated on this case, doing circumcision and dilating the anal sphincter. The case showed improvement as soon as awakened from the anesthetic, and now is WELL.

On February 7th of this year, operated on a boy between six and seven years old, who had an incurable lupus of face; nose, lips and cheeks partly destroyed. Quite a number of able physicians failed to benefit him. Circumcision was performed and thorough dilatation of the rectum. To-day there is marked improvement in his condtion; oedema and swelling of the tissues lessened and general appearance markedly improved.

T. C. aet 68, abscess of finger complicated with inflammatory rheumatism. Was ill eight weeks with but little improvement. Dilated the rectum (circumcision not needed); improvement in swelling first day and patient is now well.

I. C. aet 17, male. With the slightest cold, convulsions would take place during the night. Did not need circumcision, but dilated the rectum. Been well ever since.

G. J. aet 14; female; inflammatory rheumatism and chorea; temperature between 101 and 102 degrees for two weeks. Dilated the rectum; temperature dropped to normal and rheumatism vanished. Expect to circumcise her in a few days to relieve the chorea.

Dr. Meriweather has been a reader of the Journal since November of last year. He writes: "I am more than pleased with the Journal and consider it a treasure-trove of good will to humanity. The January number was a little GEM. I believe and think that Dr. Pratt is one of the greatest humanitarians living and that his teaching is a perfect gold mine. I am using orificial methods in my practice every day, with good results, and am fitting up an operating room in my residence to have a proper place to carry out orificial treatment."—Ed.

Notes Gleaned from the Field

Dr. Frederick W. Abbott of Taunton, Massachusetts, prominent in medical circles in the East, finds time to take an active interest also in other matters of scientific and educational import. Last year he delivered the annual address before the Bradford Durfee Textile School of Fall River, Massachusetts, from which institution his son, John F. Abbott, was graduated this year. Dr. Abbott, who is in great demand as a public speaker, will deliver the Memorial Day address at Kingston, Massachusetts, this year. He is Secretary of the New England Eclectic Medical Association, the largest Eclectic Society in New England, which will hold its twentieth annual meeting in Portland, Maine, May 27 and 28.

"Renew my subscription for the best journal in my whole bunch."—M. K. Kreider, M. D., Goshen, Indiana.

Dr. H. M. Beebe of Sidney, Ohio, was recently elected to fill the Chair of Surgery in the Homeopathic Department of the University of Michigan, taking the place of Professor Dean T. Smith, who resigned on account of ill health. Dr. Beebe will assume his duties at the opening of the college year in September.

On May 18th will begin another of those increasingly popular combination courses at the Illinois School of Electro-Therapeutics, Chicago, combining the professional didactic instruction, with practical work at the factory of the Victor Electric Company with its

splendid equipment. These combination courses have been taken advantage of by hundreds of physicians from different parts of the country and nothing but praise is heard of them.

Dr. Elizabeth Hamilton Muncie is to lecture at Titusville, Pennsylvania, April 25th-27th.

I wish you every success in your splendid work.

J. H. Woodroof,
President, International Anti-White Slave Association.

The Minnesota State Association of Orificial Surgeons will hold a surgical clinic at St. Barnabas Hospital, Minneapolis, May 19th, which promises to be an interesting occasion. Dr. E. H. Pratt will be chief operator, assisted by Doctor Eugene Hubbell, of St. Paul, and others. The Minnesota State organization contains some splendid surgeons and the excellence of management at St. Barnabas Hospital was demonstrated at the Clinic in November last. Further information may be obtained from Margaret Koch, M. D., Masonic Temple, Minneapolis.

On May 11th and 12th the American Association of Orificial Surgeons will conduct a clinic in orificial surgery at the Guthrie Hospital and Sanitarium, Guthrie, Oklahoma, in which a number of the prominent members of the Association will take part, among them being Doctors E. H. Pratt, Chicago; B. E. Dawson, Kansas City, president of the Society; G. H. Stagner, Guthrie, and D. E. McCarty, El Reno, Oklahoma. The occasion is bound to be extremely interesting. Facilities at the Guthrie Hospital are of the very best, the equipment being modern in every particular, the operating room one of the finest in the State of Oklahoma; ward and bedroom furnishings modern, new and clean; diet kitchen and dietetics under the supervision of the Superintendent of Nurses. Patients in this hospital may,

when advisable, have access to Guthrie's famous Mineral Water baths. The hospital is open to reputable surgeons of all schools.

This will be the first clinic in orificial surgery held by the National Association in that part of the country and should be well attended, as we have many members among physicians and surgeons of the Middle and South West.

This Clinic will follow the meeting of the Oklahoma State Eclectic Medical Society, several members of that scientific, progressive body being valued contributors to this Journal.

If you, doctor, live within suitable distance of Guthrie, try to attend this clinic. When some physicians have found it profitable to attend the Chicago clinics every year for from five to seventeen years, you cannot fail to pick up enough information to make it many times worth your while.

The Illinois State Eclectic Medical Society will hold its Annual meeting at Hotel La Salle, Chicago, beginning May 21st. One of the interesting features of the program will be a talk on "Present Status of Eclecticism in Illinois," by Finley Ellinwood, M. D., editor of Ellingwood's Therapeutist.

The 1914 meeting of the Illinois Homeopathic Medical Society will be held at Hotel LaSalle, Chicago, beginning May 12th, lasting four days. Dr. J. B. Calvert, Bloomington, president; Dr. J. M. Cushing, Chicago, secretary.

People talk more about the weather and do less for it than any subject I know of.—Dr. Sam Bucus.

The office of the Journal had the pleasure of a call from Dr. P. S. Replogle, of Champaign, Illinois, a few days ago, also from Dr. Lloyd, of Cleveland, Ohio, who was attending a course in the Illinois School of Electro Therapeutics.

Dr. J. R. Mitchell, formerly of Washburn, Wisconsin, is now at the head of the Gottschall Therapeutic Institute, of Chicago.

Dr. C. E. Thayer of Markesan, Wisconsin, a long time and greatly respected member of the Orificial Society, died early in March at St. Agnes Hospital, Fond du Lac.

Dr. Thayer will be remembered as one of the most interested spectators and participants at the Convention last year, and the entire Journal force recalls his kindly encouragement and helpfulness from the time of our first number, so that his removal from his visible field of labor is felt as a personal loss.

Dr. Thayer's practice at Markesan has been taken up by M. T. Blewett, M. D., formerly of Fond du Lac, Wisconsin.

Dr. W. S. Briggs, well known in medical and surgical circles, died on March 17th, at his home in St. Paul, Minnesota, from the effects of a cold, contracted after overwork, and which developed into pneumonia. Dr. Briggs was a native of Wisconsin, educated at Galesville University and at Louisville and Hahnemann medical schools. He attended one or more of the Chicago Courses in Orificial Surgery by Dr. E. H. Pratt several years ago. He specialized in surgery and for a number of years was professor of surgery at the University of Minnesota.

I have been reading the Journal with profound interest and assure you of my keen appreciation of it.—S. H. Bright, M. D., Norfolk, Va.

There is not half so much danger in the desperate sword of a known foe as in the smooth insinuations of a pretended friend.—R. Chamberlain.

Miscellaneous

ORIFICIAL SURGERY AS A PROPHYLACTIC MEASURE

Benjamin E. Dawson, A. M., M. D., Ch. M.

President, American Association of Orificial Surgeons

(Reprinted from Bulletin Eclectic Medical University and Jackson County Eclectic Medical Society, Inc.)

The other day a shrewd business man, who is well informed on current events, asked me, after mentioning the great progress in surgery, "What will be the next forward move in the field of medicine?" I unhesitatingly replied "Prevention."

This reply was prompted by two facts: (1) The tendency of the age toward prevention in every phase of life. (2) The marvelous prophylactic results of Orificial Surgery, as developed in the last few years.

The first fact is so patent as to need but little elaboration. The railroads are instructing all their employes in methods of safety and demanding prevention of them as an economic measure. The roads united in a request to all the ministers to preach on the subject of "Safety First," on the last Sunday in 1913. Many railroads, factories and other large companies are demanding total abstinence from alcoholic drinks by their employes; many states and counties have adopted prohibition or local option, and national prohibition is rapidly becoming a live issue; not from a religious or moral sentiment, but born of the popular slogan, "Prevent." With the medical fraternity there is no more popular theme for discussion, of press or platform, than prophylaxis.

It is an act of great kindness to pull a man out of a ditch, but it is far better to fill up the ditch. We are all proud of the success

of late therapeutic measures in curing "incurable" chronic diseases and moral degenerates, but it would be far better to prevent old chronics and moral degenerates. Every orificial surgeon, who has made a practical application of orificial philosophy, knows the therapeutic potency of this measure. Multiplied thousands of cases of psychoses, neuroses, all manner of chronic diseases, including tuberculosis, moral degenerates and criminals, have been cured by this method, but they could all have been prevented by its timely application. The marvelous results of this work in my own hands, as well as in hundreds of others, in treating insanity, prove conclusively that seventy-five per cent of the inmates of our asylums could be cured, clothed in their right minds and sent home. This would be glorious, but vastly more glorious to keep Reason on her throne and prevent these unfortunates from being incarcerated in a madhouse, where restraint and bodily care fulfill about all the requirements of treatment.

Many children doomed to become insane, old chronics, criminals, moral degenerates or sexual perverts, could be headed off and turned the other way. We who have studied the philosophy of this work and tried it out know this, but it is almost impossible to get the public to sit up and take notice, especially parents, teachers and those in authority. Doctors must be forced to recognize it through a demand of the public. As a class, physicians are the most prejudiced and narrow. Innovations are promptly turned down unless coming from the so-called authority in their own schools, when they are blindly gulped down as the birdling does a worm from its mother. When Harvey discovered the circulation of the blood, the innovation was bitterly fought until the great truth compelled recognition; when chloroform was discovered and used as an anæsthetic, it must needs travel a rugged road to even toleration; when the law of similars was proclaimed by Hahnemann, it was cruelly pounded with the club of prejudice in the hands of ignorance; when our fathers in Eclecticism announced the truth of specific medication, it was maligned with the lethal tongue of slander. So it is with Orificial Surgery; its discoverer and advocates have been called cranks, fools, insane and ridiculed to the limit. And yet there is no measure known today with such therapeutic potency.

All growth, all repair, all cures are made by the blood stream, which floats barges loaded with building material to every organ and tissue of the body and brings away funeral trains of ashes and

old debris. All pathology begins with blood stasis. All bodily commerce is carried on through a system of tubes, through which supply trains and funeral trains build and repair. All these tubes, from the small sebaceous glands of the skin to the twenty-six feet of alimentary canal, are possessed of a muscular coat which is responsible for all their activities by accomplishing what is known as peristalsis or vermicular motion. These muscles are involuntary—not under the control of the will, or cerebro-spinal nervous system. They obey only the mandates of the sympathetic nervous system. There is one exception, and a very important one, to this rule: the blood vessels are not dependent solely on the sympathetic for their peristaltic action. The circulation of the blood is so important that the cerebro-spinal and sympathetic systems join hands, forming what is known as the vaso-motor system, whose nerves twine around the blood vessels as a vine around a tree. By this important combination the blood supply to any part of the body can be increased or diminished by either objective or subjective impulses.

An increased blood supply to any organ will at once cause it to functionate; there is no exception to this statement. A kidney filled with blood will increase its output of urine; a salivary gland, a larger flow of saliva; the liver, an increase of bile; the sweat glands, perspiration, etc.

In harmony with the above noted exception, that the blood vessels are supplied from both nervous systems, the flow of blood to an organ can be influenced in either of two ways: by impulses from within or irritation from without. For example, seeing or thinking of some nauseating substance may produce emesis by impulses from within; irritation from without, caused by a dose of sulphate of copper or the finger in the throat, will bring the same result. Deep emotions of grief or joy may fill the lachrymal glands with blood so that tears will overflow; a cinder in the eye will have the same effect. The sexual organs are no exception, responding to impulses from within or irritation from without.

All the lower openings of the body are richly supplied with sympathetic nerve terminals. These all come from the same pencil of nerves. Irritation here, even of a single fine nerve terminal, sends up a constant cry as a message of distress. This message, by constant repetition, may become distorted. Traveling along the line of least resistance, it reaches any or all the organs, however remote from the seat of irritation. This distorted message may

cause over, under or disproportionate action in these organs.

In view of these well-known anatomical and physiological facts and deductions, worked out by the law of reflexes, we can readily see how disastrous reflexes can be shut off and the norm produced by removing the source of irritation. Through the lower openings of the body we can appeal to the sympathetic nerve, improving the function of every organ in the body, thereby not only curing diseases, but preventing the dire results of sympathetic nerve waste.

Another important fact, in the study of this important question, is metastasis—a change in the seat of disease, as in mumps, or a rusty nail in the foot may result in lockjaw. Metastasis may take place in every conceivable way, from nerve terminals to nerve centers, from nerve centers to nerve terminals, from the physical body to the emotional or intellectual and back again. This will account for the various psychoses and neuroses, which often follow irritation of sympathetic nerve terminals. This will also explain why moral degenerates and sexual perverts are frequently the outgrowth of sympathetic nerve waste, caused by irritation.

Where there is any chronic disease which fails to yield to the ordinary treatment, where there is a moral degenerate or sexual pervert, you can always find nerve impingement or pathology in the lower openings to give excuse for nerve waste. Remove this pathology, relieve the impingement and follow with the indicated treatment and you cure a large per cent of these cases.

Parents and teachers may control impulses by educational methods and furnishing high ideals, but a *doctor* is needed to remove irritation. The boy or girl, under the age of puberty, who masturbates, does so from irritation from without and not from impulses from within. You may by coercion, suppress, but you do not cure the child of this baneful habit. It would be the keystone in the arch of folly to try to educate a child to sit still and study his book when there are ants and bees under his clothing. Many children, both boys and girls, masturbate in the tender years of infancy or childhood when it is impossible for impulses to awaken these sexual desires. Nerve impingement in the rectum, in the meatus, in the foreskin, in the clitoris, in the frenum or any of these orifices may be responsible for a long train of "peculiarities" in a child. Would you attempt to check the flow of tears from the eye by educational methods when there is a cinder in the eye?

Children in public schools are examined for defects in the upper

orifices, heart and lungs, but the fig leaf over the festering sore is not even mentioned. Only a few months since there was a scandal in this city, among some high school pupils, wherein one girl lost her life and another was disgraced. This could have been prevented if these children had received the proper attention, removing external irritation.

Another lamentable fact is the ignorance of physicians in recognizing excuse for nerve waste in the pelvic organs. Unless there is gross pathology, such as hemorrhoids, fistula, ulcers, etc., there is not more than one in a hundred who would find pathology in these cases causing nerve impingement. Where there is gross pathology you do not have those terrible reflexes; it is where the pathology is subconscious—the patient not aware of this external irritation—that disastrous reflexes result.

I could relate a large number of cases showing the marvelous results of this work, but my limited space forbids. One will suffice. A young widow confessed to me in sobs and tears her downfall. She said her sexual desire was constant; she could think of nothing else. Examination revealed a hooded clitoris with adhesions and retained smegma—a constant source of irritation to this electric push button, ringing up sexual impulses that kept her in a state of sexual self-consciousness. Circumcision, breaking up adhesions and removing smegma, cast out the seven demons from this woman, whose heart now overflows with gratitude for her release.

RESTORATION OF THE PERINEUM

C. Edward Sayre, M. D., Chicago, Ill.

(Address before the Chicago Homeopathic Society, March 7, 1914.)

Reported exclusively for the Journal of the American Association of Orificial Surgeons.

Mr. President and Gentlemen:—This talk of mine is entirely impromptu. Dr. Farrington came into the office the other day and wanted to know if I would give a paper on the Preservation of the Perineum. I said, "No, I would not." He said that Dr. Stotts was to give a paper on The Use of the Obstetrical

Forceps and that he wanted me to follow, and I consented to do so without a paper, but, in the absence of Dr. Stotts, it is a little more difficult for me to present my side of the subject.

I have some reprints of a paper I read before the National Orificial Association and published in the Journal of the American Association of Orificial Surgeons, which embodies practically everything in regard to my ideas on the subject of the preservation of the perineum. I have some drawings here which I had made before that meeting by Miss Katherine Hill, who I think is quite a draftsman or draftswoman.

I have made the statement, and I will back it up by facts, that I have not had a tear of the perineum in a good many years. I don't think we should ever have a tear of the perineum. I believe we should watch our cases carefully as delivery takes place, because something must give, in many cases,—many of our babies are so large, and the soft parts not sufficiently relaxed, so that something has got to give, if you do not make way for it.

Therefore, instead of having a tear, I do an episiotomy, but not by the ordinary method. Practically all of our text books mention making it on the side,—one or both sides. I do not believe that is right. I believe we should start our incision almost in the median line, as shown in the drawing. In that way we do not have a **tear,** but a **cut** of the perineum. A cut, properly approximated, will always unite. It is under control. You never know where a tear is going. If in the median line, it may go through the sphincter ani, and up into the rectum anywhere from one to three inches. I have in mind a case that Dr. Farrington knows about, which occurred out in the country in the hands of a very good man, indeed. Unfortunately, however, he did not use the scissors and direct his tear or incision, and, consequently, it went through the sphincter and up the rectum about two inches.

The tears of the perineum are so serious,—that is, the late results are so serious that we should always protect the perineum in some manner, and we cannot prevent tearing in a large percentage of cases, unless we cut it.

For some unaccountable reason the majority of physicians who deliver women tell them they are not torn a particle. I have had patients tell me that time and again. They ask the doctor if they were torn when the babies were born and they

are told, "No, not a bit." Put them on the table, however, and you will often find that they are torn as far as the sphincter ani. As long as the sphincter ani is intact, they say they are not torn.

I think every gynecologist will bear me out in the statement that seventy-five per cent of our women who have borne several children come to the gynecologist's table saying that they are not torn a bit, and yet we find the vaginal outlet will admit the fist, almost. The perineal muscles are torn, sometimes when the skin is not, that is, you have a subcutaneous tear of the muscles, causing a prolapsus of all the organs,—the bladder and the rectum, drawing down the uterus.

This is avoided in the plan suggested here and illustrated in these few drawings. The first one shows the scissors in place, just dividing the tissues. This should always be done during a pain, and don't ever do it without supporting the head. Steady the head as it advances, with the left hand and cut with the right hand, and you will cut just far enough to allow the head to escape and not tear. Nothing will be torn, but you will have a clean cut, which will always unite if you are sterile.

I do not advocate the old method of repairing the perineum with one or two or three mass sutures, which I was taught to put in, which practically all of the text books teach, and which is in practice almost everywhere—even by some very prominent men in Chicago.

The doctor in charge at one of our leading hospitals always does it that way. I delivered a case there recently, a woman thirty-seven years old, a primipara. I did an episiotomy as suggested here, and had a perfect result, not even a scar left. They had silk worm gut sutures ready,—three of them. I told the nurse I wanted chromicized catgut. She said, "Dr. Blank always uses silk worm." I insisted upon chromicized catgut, and they got it for me, but said they had never seen anything like that before. They average ten babies a day at that hospital,—more than any other place in Chicago. I was surprised at the number of babies arriving there day after day as I visited this patient.

Then, after delivery takes place, the method of sewing, you see, is with a continuous suture, beginning the suture just beneath the mucous membrane, sewing down the furrow toward the integument, then coming back up the mucous membrane, back to the integument, taking very fine stitches so there will

be no chance or possibility of any serum accumulating in the wound. Mass sutures bunch the tissue up in two or three places, with gaps in between, filled with serum, which is the most favorable media in the world for infection. You do not get the approximation of tissues with mass sutures that you do in sewing in this manner, consequently, many of those cases have a poor result, as any gynecologist of experience will tell you. Those of you who have not made gynecology a specialty, do not come across the number of cases of this kind that a gynecologist does.

When our case is finished, all we see is a line not as plain as that. (Indicating on cut No. 4.) In six weeks, that is gone. Last year I delivered a woman before my vacation, stitching up in this manner. I was gone four weeks and upon my return went out to see how she was getting along. She was in fine shape. The baby was doing well and she was well. I asked her to allow me to examine the wound, and although it was but six weeks from delivery, the scars were all gone in that short time. I have examined many cases within a few months after delivery and there were no scars at all,—just as perfect perinii as before pregnancy.

That is what we want to do. We want to leave our women just as before pregnancy. We will never have any prolapsus if that is done,—prolapsus of the uterus, vagina, bladder and rectum from which so many women suffer as they get along in later years; not in early life, but at forty, fifty or sixty years of age. Then, they absolutely require an operation on the perineum, if they have been torn in any manner at all. It is the cause of an immense amount of suffering, and many hysterectomies are done as a result.

The question has been asked me, "Don't you cut some cases that would not tear?" Possibly I do, but I would rather cut ten that would not tear than to let one tear of itself, because when you do it in this manner, it is just as it was before. She has just as perfect a perineum as she ever had in her life. But let one tear and I defy anyone, in the case of a severe tear, to sew it and have it as before. In many of these cases the tear is so ragged and the tissues are so bruised, you cannot make a perfect approximation to save your life.

I was called to repair a case in which the tear had extended from the posterior commissure clear to the clitoris. How it

ever got there, I don't know. She was delivered by a very good physician, no forceps used, and yet the tear started down here (indicating) went up around like that, and extended clear above the clitoris, practically tearing off one of the labia. How it occurred, I do not know.

I have seen a number of cases where it is almost impossible to tell where the torn fragments come from. In some cases I have seen pieces projecting out sometimes as big as your thumb. Possibly some of you gentlemen have seen similar cases. Of course, in my specialty, I have been called into it more, perhaps, than many of you have, after the trouble has occurred, and that is what made me think of doing this in the manner suggested.

The ordinary episiotomy recommended in our text books does not give you the nice result you have here. The trouble is that in making the incision in the side, the lower piece drops back as it is across the muscle fibres which retract, and it is hard to approximate. I find, cutting in the median line, there is no trouble in approximating the tissues. A little care, using chromicized catgut sutures, and taking small stitches, closes it perfectly. The patients simply go on and recover.

DISCUSSION.

DR. WALTON: When I was in the country I had a lot of obstetrical work. I had fellows tell me that they didn't have any tears, but I always figured they could not recognize a tear, because I had a lot of them. Out in the country, you haven't any assistants, as a rule, except some old lady and you are giving the chloroform with one hand and delivering the baby with the other. Under those conditions, it is not easy to sew up the perineum. I used to sew up a good many of them, and a lot of them didn't heal. I suppose it was my poor technique.

DR. SAYRE: You cannot get the approximation of the ragged edges.

DR. WALTON: That is it, and the result would be that I would have the thing break down and would have to repair later on. I never tried this method. It appeals to me, because in those cases you simply cannot get by without getting your tear.

DR. L. D. ROGERS: We have been following the usual way, letting them tear and approximating as well as we could,

but I am very, very favorably impressed with Dr. Sayre's method. I am convinced that it is absolutely right.

We have often regretted that we did not have a better way. I have used the old method of episiotomy, but have not found it entirely satisfactory.

We have had about two thousand cases and have not lost a mother, but we do not always get the approximation perfectly. Of course, with much practice, we have done pretty well in approximating.

As soon as the placenta is delivered, it is our custom to use a warm saline douche and then put in as many stitches as seem necessary, from three to ten, until the parts are as nearly replaced to their normal position as possible. Then we apply tincture of benzoin.

I believe Williams says that thirty-eight per cent of primiparas have tears. I think we are as careful as any, but I believe we certainly get thirty-eight per cent and more.

I certainly shall try Dr. Sayre's method. We have usually used the silk worm gut—I like it better than the silk thread. Ordinary catgut absorbs too soon, but the chromicized, I can see, in such circumstances, is just right.

DR. J. A. STEFANSKI: So far in my rather limited practice, I have been doing episiotomies. I have always held back the head of the foetus and cut just as it came out, and never cut more than about an inch. The only drawback to that has been that they do not heal just as nicely as I have thought they ought to. I think that this is a great idea and I will certainly try it some time.

I live in a neighborhood where the people (Polish) really do not understand tears. There are about twelve or thirteen midwives in my neighborhood, and they are accustomed to have multiparas or primiparas stand up and give birth to a child standing or sitting on the husband's knees. They usually put the husband on a chair and the wife sits on the very edge of his knees, you might say, and the midwife just waits there. Of course, when the pains come along, the whole family jumps up and begins yelling at the patient to "bear down! bear down!" She does bear down and, eventually, the child is born. There is always a tear and the woman is quite sick and the man is sick as a rule, also. Of course, there are a good many tears among my people, because they believe in this old fashioned idea

of walking around. Most of their births are standing up or running around. They will not realize a tear unless it is through the sphincter ani, but they are all torn. Every case I get in the office is torn.

DR. FARRINGTON: For the first five years of my practice I delivered a good many babies. Then I went into office work and had fewer. Now I work with a class of patients who have either only one child or not any, so I am deprived of the experience that I might otherwise have. Perhaps it is my fault in not educating my clientele.

I went along for a number of years without a tear, or with scarcely more than a superficial tear. I always make it a practice to carefully examine. I know there can be a subcutaneous rupture of tissue that will be almost as bad in years to come as an actual tear. I had several tears in succession, after the period just referred to. They were none of them into the rectum, but they were more or less down into the tissue of the perineum and up into the vagina. Just before I saw this article of Dr. Sayre's I delivered a little woman who was small and weak, and, therefore did not have the power to expel. I had to use forceps, and, even with the greatest care, there was a tear, and yet, I didn't know that tear was coming. Looked to me, after all, as if she was going to get through. If I had known of this method, I might have saved myself a lot of trouble, and the woman a lot of suffering and perhaps a more or less imperfect result in repair. That tear was a ragged one, about two and one-half inches into the vagina. It came down to the left of the median line in a zigzag course and then there was a tongue about an inch long projecting from the left hand side. I had the nurse and the husband there, and the husband helped me hold the patient's lower extremities while I was operating trying to sew this tear, and I fussed around quite awhile before I found a place for that long skinny finger. Finally, I managed to get some sutures into it and get it in place and it adhered, and the only untoward result that I have seen in that was that the tissues were so healed just inside the aperture that the superficial layer came off. The skin didn't exactly separate, but it loosened up and came off, and left a raw surface to granulate.

I never used tincture of benzoin or any local application whatsoever excepting calendula.

I have never taken any very great precaution in asepsis.

I never use antiseptics excepting on my hands and instruments.

There is one thing I would like Dr. Sayre to speak of in connection with this, and that is the methods of supporting and relaxing the perineum, and any other means that he may think of that will supplement this sort of thing. It seems to me this will be of use as much for the head as after-coming shoulders. I have seen the head come through with comparative ease and then the shoulders, no matter how carefully they are slipped out between pains, will sometimes cause a tear.

I remember one infant, seven months ago, where I used the utmost care to get those big square shoulders through, and I could have accomplished it if it had not been for a great bunch of fat that welled up back of the child's neck and seemed to be almost as large as the head. The pains were strong and I had a great deal of trouble in keeping the baby from coming too quickly.

DR. SAYRE: I am glad you spoke about that. It is true that sometimes the head will be delivered and the shoulders will cause a tear. With this method, after you make the incision this is the line of least resistance and the shoulder will follow in this. Where the tissues are cut is the point of least resistance, and that is where the tear will go on farther, and will be clean cut. Sometimes when babies are delivered I examine afterwards and think that I did not cut as far as that, but it is always clean and smooth. It does not break out like an explosion. I have seen a tongue come out, as Dr. Farrington spoke of, and it is hard to say where it comes from.

I believe, in some cases, that we can get much greater relaxation of the perineum if we apply a very hot towel over the perineum. I remember a few years ago some one wrote a paper or read a paper saying that a tear never would occur if you used a very hot towel. I do believe that it helps relax it a good deal, but I do not think it will always prevent a tear.

I believe the statistics that Dr. Rogers spoke of as being thirty-eight per cent are away below the average. I think at least seventy-five per cent of the primiparas are torn to a greater or less extent. It is true the skin may not be torn, or the mucous membrane may not be torn, but the muscles are torn. I have seen some doctors after a delivery examine the perineum to see if it was torn. They will separate the labia with the two fingers, take a look at it, and say, "No, not torn a bit." There is always

a flow of blood, and it is impossible to tell by any such means. There is just one way to examine the perineum properly, and that is to stick the fingers in the rectum and then turn the perineum out. That is the way. With blood pouring from the vagina you cannot tell in any other way.

I believe ninety per cent of our profession examine the same way—by separating the labia. Then they say, "No, not torn a bit." They simply do not know how to examine them.

Siftings

Delbet advises the administration of epinephrin in chloroform anesthesia, believing chloroform has a deleterious effect on the adrenals, interfering with their function.—B. E. Dawson.

Sharp & Smith, leading surgical instrument house of Chicago, have again found it necessary to move into greatly enlarged quarters. This is no surprise to the patrons of the firm for not only among Orificial surgeons throughout the country, but among medical men of all classes, the name of Sharp & Smith is the symbol of par excellence in quality of goods, variety of stock and fairness of dealing.

When there is excessive moisture about the anal groove do not neglect to examine carefully for fistula.—B. E. Dawson, M. D.

In regard to local anæsthetics, it is right on this point of feeling, as it were, that "Minor Orificial Surgery" depends for its individualizing properties.

This is the reason I have gone to so much expense in experimenting to develop instruments that would possess the gradual incline and operating surface and also a good lubricant, necessary to break down the membranous hyperplasia or adhesions of any or all of the sphincter muscles of the lower orifices or colon without causing pain.

The instruments possessing heat at a bearable degree are the only anæsthetic I have had to utilize the past twelve years. It has been sufficient for the most sensitive and painful conditions of fissures, fistulae, piles, caruncles, inflamed vaginae or urethra. My lubricant is *Orificialine*, as follows:

ORIFICIALINE

Lemon white petrolatum	1 lb.
Calendula	30 m.
Paraffine	¼ lb.
Anhydrous lanoline	¼ lb.

Melt and stir till cool.

Edwin Norman Chaney, M. D.

Modesty graces the brow of youth and enhances the dignity of age, but the acme of absurdity is reached when the physician plays the prude.—Frederick Wallace Abbott, M. D.

* * *

In treatment of cancer I have been using potassium locally as well as by the mouth, making a suitable solution such as one of the potassium phosphates, 20 to 30 grains to the ounce, made slightly alkaline by the addition of 10 drops of Liquor of Potassa in each ounce.

This I use in connection with the positive pole in treating cancer of any part of the body. I have cases of cancer of the uterus treated in this way three years ago, who are in the best of health today. Sarcoma of the jaw, treated three years ago shows now no signs of any return of the trouble.

I give at the same time iodide of potassium per mouth, with great benefit to the patient, and in connection with this give strychnine in case of heart weakness.

A change in the cancerous nodules cannot be expected in less than six or eight weeks' time.—E. Mather, M. D.

* * *

We are never so much disposed to quarrel with others as when we are dissatisfied with ourselves.—Hazlitt.

It is difficult to personate and act a part long, for where truth is not at the bottom Nature will always be endeavoring to return, and will peep out and betray herself one time or other.—Tillotson.

* * *

The truest characters of ignorance
Are vanity, pride, and arrogance;
As blind men use to bear their noses higher
Than those that have their eyes and sight entire.—Butler.

* * *

Let thy words between two foes be such that if they were to become friends, thou shouldst not be ashamed.—Sa'di.

* * *

In the Report of Cases by Dr. G. H. Stagner, February number of this Journal he cites one (Case 8) treated for tuberculosis. Dr. Stagner stated that at the end of ten days after orificial work, the symptoms showed improvement in every way. The Journal asked Dr. Stagner for a further report on the case, and, under date of March 7th he writes: "Subsequent tests of the case of tuberculosis reported recently, are negative, even after subjecting the sputum to culture media. His physical condition is still improving, he is sleeping, eating and enjoying himself; can walk considerable distance without fatigue or other inconvenience. No cough, no hemorrhage; in fact I agree with him when he makes the statement that he is getting well."

AUTO-INTOXICATION

C. E. Amerman, M. D.,

Linton, Ind.

Auto-intoxication is a disturbed metabolism, either constructive or destructive, due to functional disturbance or disease of some of the organs or tissues of the body, brought about by micro-organisms, neoplasms and physio-chemical products.

I cannot conceive of auto-intoxication existing as a disease, and at once look for the disease which is inducing the symptom.

The accumulation of water in the abdominal cavity is a reality, but not a disease. It is the evidence or symptom of disease elsewhere. Auto-intoxication is a condition of intoxication which is the most prominent symptom with which we find our patient suffering; in other words, it is unmistakable evidence of the presence of disease.

The entrance of bacilli or micro-organisms into the system is soon followed by intoxication, due to the toxines generated by the bacilli and micro-organisms. Indeed, all infectious diseases induce intoxication to a greater or lesser degree, depending largely on the virulency of the infection.

Auto-intoxication due to sapraemia is due to the absorption of toxines which have been generated by bacilli that have not entered into the system. It disappears at once when the focus of infection is removed.

AUTO-INTOXICATION DUE TO NEOPLASMS, HEMORRHOIDS AND ABSCESSES. That neoplasms by impoverishing the blood and system induce an auto-intoxication, I think there can be no doubt. Those neoplasms which in part, are undergoing degeneration and decomposition, generate a chemical product which readily induces self-poisoning.

Abscesses, by furnishing a focus of infection, often give rise to self-poisoning, which disappears at once when the pus is evacuated, and any necrotic tissue which may be present, is removed.

Puerperal auto-intoxication is to be separated from puerperal fe-

ver, inasmuch as the germs have not entered into the system. Curetting the uterus and flooding the cavity with an antiseptic fluid will relieve the patient at once.

Auto-intoxication of pregnancy is but a symptom which should warn us of approaching puerperal eclampsia.

In auto-intoxication of children we should suspect worms, rickets and diarrhea.

Biliary auto-intoxication is quite often encountered, and is due to the absorption of bile into the system.

It is my opinion that we may have absorption of bile from the intestinal canal, sufficient to induce a biliary auto-intoxication. When we have intestinal indigestion, constipation and a torpid condition of the bowels we find the symptom auto-intoxication present. Biliary auto-intoxication from inspissated bile, cholecystitis, cholangitis, and gall stones is almost always of bacterial origin.

Renal auto-intoxication is due to a functional or diseased condition of the kidneys and skin, due in all probability to bacterial origin.

Auto-intoxication of the nervous system is associated with or a prominent symptom of diseases such as typhoid fever, la grippe, gastro-intestinal indigestion and other diseases of bacterial origin. There is on the part of the nervous system a special affinity for toxines.

Self-poisoning due to acids, is of bacterial origin, due to the colon bacilli and other bacilli of the pathogenic sort, which have induced a diseased condition of the intestinal canal or at least a functional disturbance.

Gastro-intestinal auto-intoxication may be due to physio-chemical products, the secretions being abnormal and unable to carry on properly gastro-intestinal digestion.

Ptomaines, leucomaines, toxalbumins, decomposed and unwholesome foods, infected, which are carriers of pathogenic germs or chemical poisons should be excluded as causes of self-poisoning.

Regarding auto-intoxication as a symptom and not a disease, my prescriptions have almost always been directed to the disease or the cause of the disease. Occasionally when the symptom demands immediate attention I give symptomatic medication.

When surgery is necessary to remove this conspicuous symptom, auto-intoxication, I make use of it.

Nothing But Nonsense

Dr. H. Michener's Report of Short Grass Association of Orificial Surgeons.

The Short Grass Association of Orificial Surgeons met as usual with Dr. Sam Bucus in the chair. The Secretary expressed the pleasure of the Society at the return of the President, who had recently been in the hospital for an operation upon his hand, which had been burned by over-use of the X-ray, and the middle finger of the left hand had to be removed. Various members of the association expressed their delight at seeing our worthy President able to preside in his usual dignified manner. The President thanked them for their kind remarks and expressed his gratitude that it was his left hand and not his right; that he would still be able to wield the gavel or to throw it if necessity demanded an expression of that kind on his part in quelling the too strenuous debate amongst members. He also said that he would take this opportunity to present to the society the few lines he had written which was brought to his attention while a patient in the hospital and which he had entitled "Owed to a Nurse."

"Owed to a Nurse."

Here's to my nurse who is always gay,
And never wearied by toil,
Who brushes me down with a curry comb
When asked to poultice my boil.

She places a thing-um-bob under my tongue
And holds firmly my wrist in her hand
While the mercury climbs to the top of the tube
And I'm the hottest thing found in the land.

She places her hand on my burning brow,
And with never a sob nor a sigh;
She looks at me with a smile so sweet,
While saying "I think you are going to die."

She brings me some liquid in a big deep bowl
Which she cheerfully tells me is food,
And for me to drink it unmurmuringly down
For it surely will do me some good.

While wiping my mouth on the snowy white sheet
And thinking of hospital bill,
She quickly returns to the side of the bed,
And smilingly hands me a pill.

When I wade out into the waters cold
That flow through the Valley of Death,
Fearlessly I'll go, like a knight of old,
With never a shuddering breath—

For I'll go where nurses never come,
Nor physicians, so I am told,
I'll head right straight for the gates of pearl;
To the City that's paved with gold.

The President then observing that the society was shedding copious tears said that he would bring his poetical ebullitions to a close and would not press the question as to whether the tears were caused by the sentiment or the words.

New business then being called for, the Secretary read a communication from Dr. W. C. Neibling of Findley, Ohio, who had made application for membership with us at the previous meeting. In the communication the worthy doctor said that when he applied for membership he supposed that we were a body of gentlemen but upon learning that Dr. Elizabeth Muncie had also applied, he felt that he would like to withdraw his application—that he was well acquainted with Dr. Elizabeth and had heard, in fact, she had given him several of her lectures and he felt that he did not care to be reformed anyway, and furthermore that the only trouble he had ever had was caused by the female sex and he felt that it would be better for one in his position and of his age to remain outside of the Society, if we were inclined to make it a Suffragette Association. He said a great deal more in his letter which gave evidence of a soured and disappointed ambition which is not necessary for us to spread upon the records. After a free discussion, it was decided that we would not act upon his request until we had heard from Dr. Muncie for she might have as many objections to coming in with Dr. Neibling as he had to her. The whole matter was held over until the next meeting.

The Secretary called attention to the fact that in our previous minutes it stated that Ol' Doc Bass was elected Professor of Fooling and it should have been Professor of Fiddling.

The Society then proceeded to adjourn in usual style after Ol' Doc Bass had been duly awakened by the Sargeant at Arms.

Givadam Jones, Sec'y.

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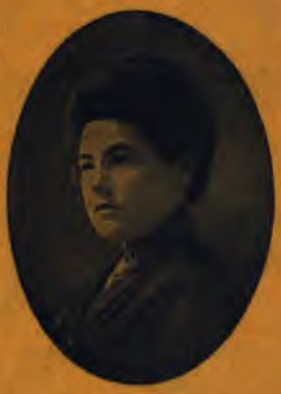

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